



City of Carmel/Clay Township

Permit #: _____

COMMERCIAL/INSTITUTIONAL/MULTI-FAMILY IMPROVEMENT LOCATION PERMIT APPLICATION (For New Structures, Additions, Remodels, Tenant Finishes, & Accessory Buildings)

BUILDER OF RECORD:	NAME:		PHONE:		FAX:	
	STREET ADDRESS:		CITY:		STATE: ZIP:	
	BUILDER'S EMAIL ADDRESS:				BEST METHOD OF CONTACT:	
PROPERTY OWNER:	NAME:		PHONE:		FAX:	
	STREET ADDRESS:		CITY:		STATE: ZIP:	
LOCATION & PROJECT INFO:	ADDRESS OF CONSTRUCTION:				SUITE #: (If Applicable)	
	Address of Shell Building: (If different than Address of Construction)			Lot # and Subdivision: (If Applicable)		
BUILDING, PROJECT, OR TENANT NAME:			ZONING:		TAX MAP PARCEL #:	
STATE COMMERCIAL DESIGN RELEASE #:		SCOPE(S) OF RELEASE: <input type="checkbox"/> FDN <input type="checkbox"/> STR <input type="checkbox"/> ARCH <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> ELEC <input type="checkbox"/> SPKLR OTHER(S): _____				SQUARE FOOTAGE:
WATER UTILITY PROVIDER:		SEWER UTILITY PROVIDER:		ESTIMATED COST OF CONSTRUCTION: (EXCLUDING LAND VALUE)		
PLAN COMMISSION / BZA / BPW DOCKET NUMBERS; AND/OR COUNTY WELL AND/OR SEPTIC PERMIT #'S (If Applicable):						
# of Floors:		Elevator or Lift: <input type="checkbox"/> YES <input type="checkbox"/> NO		BLDG. CONSTRUCTION TYPE:		OCCUPANCY CLASSIFICATION:

TYPE OF CONSTRUCTION:

- ☐ COMMERCIAL
(Privately owned hospitals and medical offices/centers are commercial)
- ☐ INSTITUTIONAL
☐ Municipal/Public Bldg
☐ School
☐ Church
- ☐ MULTI-FAMILY
Number of units: _____

TYPE OF IMPROVEMENT:

- ☐ NEW STRUCTURE
☐ ADDITION
☐ Room(s)
☐ Porch
☐ Mezzanine or Deck
- ☐ REMODEL
☐ NEW TENANT FINISH
☐ ACCESSORY BUILDING
☐ DETACHED GARAGE
☐ ATTACHED GARAGE
☐ CELL TOWER (New)
☐ CELL TOWER CO-LOCATE
☐ DEMOLITION

PROJECT INFORMATION:

Early Release Permit: ____Y ____N **Manufactured Trusses:** ____Y ____N
Lot Split: ____Y ____N **Sump Pump:** ____Y ____N

FLOOD ZONE AREA DESIGNATION(S) FOR THIS PROPERTY:**PLUMBING CONTRACTOR:****Plumber's Indiana State License #:** _____**FOUNDATION TYPE: (Check all which apply for the new construction area)**

- ☐ SLAB ☐ CRAWL SPACE ☐ POST & ____BEAM ____PIER ☐ BASEMENT (WALKOUT: ____Y ____N)

Class I structure permits are subject to the General Administrative Rules of the State of Indiana (See 675 IAC 12) regarding expiration time frames for beginning and completing construction.

I, the undersigned, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the use of land or structures requested by this application will comply with, and conform to, all applicable laws of the State of Indiana, and the "Zoning Ordinance of Carmel Indiana - 1993" (Z-289) and amendments, adopted under authority of I.C. 36-7 et seq. General Assembly of the State of Indiana, and all Acts amendatory thereto. I further certify that only kitchen, bath, and floor drains are connected to the sanitary sewer. I further certify that the construction will not be used or occupied until a *Certificate of Occupancy or Substantial Completion* has been issued by the Department of Community Services, Carmel, Indiana.

Signature of Owner or Authorized Agent _____

Print _____

Date _____

OFFICE USE ONLY: *******INSPECTIONS REQUIRED:**

Upper Footing **Lower Footing** **Under Slab**

Rough In **Meter Base** **Final** **Site**

Filing Fees: _____

Base Inspections: _____

Cert. of Occupancy: _____

TOTAL : _____

Charged Re-Reviews _____

Additional Fees _____

Reviewed/Approved: Dept. of Community Services (Date) _____

S:Permits/Forms/ILP COMMERCIAL

Fee Received by: _____

Date _____